

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: Arvin Liester

Title: A Frictional Resistance Exercise Apparatus

Serial No.: NA

Filed: 03/\_\_\_/2004

Group Art Unit: NA

Examiner: NA

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Commissioner for Patents

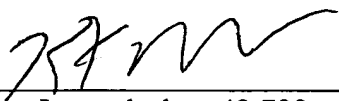
PO Box 1450

Alexandria, VA 22313-1450

## Petition To Make Special

As permitted under 37 CFR 1.102(c), the applicant requests that the above referenced and concurrently filed application be made special on the basis that the applicant is over 65 years of age. The applicant's birth certificate and a statement by the applicant are enclosed as proof of his age.

Date 3.30.04

  
\_\_\_\_\_  
Kurt Leyendecker, 42,799  
Attorney for Applicant  
9241 S Lark Sparrow Drive  
Highlands Ranch, CO 80126  
303.921.9536

# STATEMENT AND DECLARATION

I hereby declare under penalty of law that I am over the age of 65 and that I was born on the date listed below:

Date of Birth: February 11, 1922  
Place of Birth: MENLO, Menlo, Kansas  
SSN: 522-22-8308

Arvin Liester 3-24-04  
Arvin Liester Date  
17950 Martingale Rd.  
Monument, CO 80132

ER212371809US

STANDARD CERTIFICATE OF BIRTH.				DO NOT WRITE IN THIS SPACE	
1. PLACE OF BIRTH.		STATE BOARD OF HEALTH.		90 1418	
County of <u>Shenandoah</u>		DIVISION OF VITAL STATISTICS.			
Township of <u>Logan</u>		STATE OF KANSAS.			
City of _____		No. _____		Reg. No. <u>10</u>	
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)					
2. Full Name of Child <u>Arvin Floyd Liesten</u>					
[If child is not yet named, make supplemental report, as directed.]					
3. Sex of child <u>Male</u>	To be answered ONLY in case of plural births.	4. Twin, triplet or other.	5. Number, in order of birth.	6. Length of child at birth.	7. Date of birth.
8. Full name of FATHER <u>Floyd A. Liesten</u>		9. Residence (Usual place of abode) <u>Logan Twp</u>		10. Color or race <u>W</u>	
11. Age at last birthday <u>28</u> (Years)		12. Birthplace (city or place) <u>Maize</u>		13. Occupation <u>Farmer</u>	
14. Full maiden name of MOTHER <u>Gladys M. Blum</u>		15. Residence (Usual place of abode) <u>Logan Twp</u>		16. Color or race <u>W</u>	
17. Age at last birthday <u>24</u> (Years)		18. Birthplace (city or place) <u>Maize</u>		19. Occupation <u>Farmer</u>	
20. Number of children of this mother (Taken as of time of birth of child hereinafter certified and including this child.)		(a) Number of children born alive and now living <u>2</u>		(b) Number of children born alive but now dead <u>0</u>	
				(c) Number of children stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated.					
(Born alive or stillborn)					
Signature <u>[Signature]</u>					
Address <u>City, Kan.</u>					
Filed <u>Feb 15</u> 19 <u>21</u> <u>E. M. Woodard</u> Registrar.					

## CERTIFIED COPY OF BIRTH CERTIFICATE

Topeka, Kan. November 4 1941

I hereby certify that the above is a true and correct copy of the original certificate on file in the office of the State Board of Health.

(Seal)

Minnie Fleming  
State Registrar

BEST AVAILABLE COPY